

May 18, 2010

Regional Institute on Aging

Third Year Highlights

The Regional Institute on Aging (RIA) is a virtual research organization designed to serve the citizens of metropolitan Wichita, the adjacent counties, the state of Kansas, and, eventually, the surrounding Midwestern states. Highlights of the third year of operation include continuation of the Gridley Hoover Pilot Research Program, completion of the conference *Aging and Thriving on the Plains*, announcement of a formal Memorandum of Understanding between WSU and Larksfield Place Retirement Community, the Work Group on Falls and the Falling LinkS research program, the Work Group on the Bioengineering Research Forecast, and the Work Force Work Group.

Gridley Hoover Pilot Research Program: The RIA, through the generous support of Mr. Curt Gridley and Ms. Tracy Hoover, announced the third and final Gridley Hoover Pilot Research Program. The program provides investigators with significant short-term funding to collect preliminary data to underpin hypothesis-driven research grant applications (e.g., NIH RO1s). The 2007-2008 round awardees were: Drs. Greg Meissen, Elaine Steinke and Deborah Ballard-Reisch. The second round, 2008-2009, awardees were: Drs. Louis Medvene, LaDonna Hale, and Lyn Goldberg. The 2009-2010 awardees are: Kyoung Hag Lee, MSW, Ph.D., "Bereavement, coping and health among older adults in assisted living facilities," and Riu Ni, Ph.D., "Improve older drivers' visual performance through training." The donors, awardees and the graduate research assistants met for lunch on April 22. The group will meet again in the fall of 2010 for final reports from the first and second round awardees and progress reports for the new projects.

Aging and Thriving on the Plains: On March 25-26, 2010, the RIA convened its second major conference with support from Larksfield Place Retirement Community, University of Kansas School of Medicine--Wichita, Presbyterian Manors of Mid America, Inc., Envision Inc., Kansas Association of Homes and Services for the Aging (KAHSA), Windsor Place, InTrust Bank, and the Legasus Group.

The underlying philosophy of the conference was:

- We recognize that older adults hold a treasure trove of experiences, knowledge and resources that can be brought to bear on issues and challenges in small town & rural America, as well as in the nation.
- We value small town, rural and frontier life and culture. We know that many older adults who reside there plan to remain.
- We focus on positive messages and talk about towns and communities that are "making it" even though many would expect them to "fail" because of distances, population density, declining infrastructure and

tax base, etc. Why is this happening? How?

- We are interested in success stories. How they can be replicated?

There are many organizations and groups in Kansas addressing the continuation, development, re-development and vibrancy of small towns and rural and frontier communities. The emphasis is often on the economic vitality of the towns, retaining the younger people and growing community leaders. What is missing is a clear emphasis and recognition of older adults as community members, current and developing leaders. The conference (1) linked groups with similar interests and (2) highlighted the contributions and leadership of older adults as a cross cutting issue. It is hard to imagine a successful small community where people want to live absent the engagement and wisdom of older community residents.

The conference opened on Thursday evening, March 25, with registration, refreshments and a lecture by Dr. Wes Jackson, President of the Land Institute, Salina, Kansas. Dr. Jackson, one of the most prominent agricultural environmentalists in the world, spoke on “Ending the Age of Depletion on the Plains.” The Friday sessions were: Rebuilding the Town Square; Tools Required—Technology and Telecommunications; Follow the Money!; Thriving Small Towns—What is their secret?; Thriving in your Community.

The conference was attended by more than 80 people and the evaluations were good. One evaluation noted. . . .”Good program. It keeps getting better!”

Discussions have begun on the possibility of developing a third conference in fall of 2011.

Larksfield Place Retirement Community and Wichita State University Memorandum of Understanding

Sometime after the Regional Institute on Aging was established, Mr. Dick Price, Chair of the Larksfield Place Board of Directors, asked for an examination of the new and developing set of relationships between Continuing Care Retirement Communities (CCRCs) and universities and a report to the Board about the national scene. The nature of the relationships between universities and CCRCs ranges from very loose and somewhat distant to merging into a business relationship and building new CCRCs on university property. The bottom line is that joining forces and building a formal relationship is seen as a way of strengthening each organization and bringing benefits to CCRC community members and staff and university faculty, staff and students.

Larksfield Place and WSU have a long history of working together for the benefit of all, including for example, collaborative research and mentored training opportunities for clinical students. Simply, there is long history of collaboration that has been beneficial to both organizations. Therefore, it was decided that the

history should be recognized and the future planned through the establishment of a formal Memorandum of Understanding between the two organizations.

The signing ceremony for the Memorandum of Understanding was held on April 7, 2010, at Larksfield Place and was attended by more than 125 people including reporters and camera crews from the three local television stations. The ceremony was also reported in the Wichita Eagle.

Development of Research Teams:

Work Group on Health Care Resources in Rural and Frontier Kansas (Work Force Work Group): This Work Group first met in the fall of 2008. The experience in the development of this Work Group was illustrative of one of the usual research difficulties---identifying the right team. There were a number of meetings in which there were significant disagreements on the importance and types of questions to pursue. After a number of months and many meetings, the issues were resolved, the research questions became clear and the appropriate members and expertise for the team were identified. The final research team was led by Dr. Richard Muma and included Drs. Pennie Myers, Amy Ham-Drassen, Teresa Radebaugh and Neil Henderson (consultant). The project will be supported by Graduate Research Assistants and members of the Training and Technology Team, under the supervision of Dr. Myers. Presbyterian Manors of Mid-America, Inc. and Windsor Place are community partners on the project.

Background for the study:

- o There has been astonishingly little research attention to direct care workers as people. Who are they? What are their issues? How can we help them? This research lack is exacerbated if you limit the focus to direct care workers in rural and frontier areas.
- o Most research in long term care deals with organizational and professional issues and manipulations to improve some organizational parameter. The direct care workers may be enumerated, described or have some minor interventions directed at them.
- o Direct care workers in rural areas are a vulnerable population (e.g., usually women, with children, often without significant others, living around the poverty level, without a great deal of education and few options. They fit many of the public health definitions of a vulnerable population).
- o It has been anecdotally reported to me and others that most of the direct care work force in rural and frontier Kansas has a variety of personal issues that often interfere with their ability to get to work and/or to focus and perform efficiently while there. Some of the issues include: child care, transportation, financial limitations, domestic violence, and substance abuse, not necessarily by them, but by family members and other household members.
- o In essence, we ask one vulnerable population to care for perhaps the most vulnerable population, and in most cases, to do that job at a fairly low rate of pay.
- o In view of the clearly apparent population shifts, the expanding need for direct care workers and the cost of turnover to a facility and its residents, we need to

find methods to support and assist the direct care work force to stay on the job and do it as well as possible. Everyone will benefit: the direct care worker (and her family), the facility and, most importantly, the residents.

The aims of the project are:

1. Investigate the relationships of interpersonal issues/life management issues (e.g. financial management, child rearing, single parenting) and employment.
2. Gain an understanding of how individual interpersonal/life management factors influence job retention.
3. Develop an online training program (using the WSU Training and Technology Team, or T3, platform) addressing the areas of most concern to the direct care work force.
4. Assess the usability and acceptability of the online training program.
5. Provide research experience and skills to undergraduate public health students.

The research team submitted an Academic Research and Enhancement Award (AREA or R15) to the National Institutes of Health on February 25, 2010. During the summer of 2010, other sources of support for this study will be investigated.

Bioengineering Research Forecast Work Group

The goal is to delineate the strategic direction of research work to be developed under the new bioengineering program at WSU. The members of the Work Group are: Drs. Zulma Toro-Ramos, Jan Twomey, Michael Jorgensen, Teresa Radebaugh and Ms. Rosemary Wright. The plan is to prepare a draft paper for review by the faculty in the fall of 2010, with the final document completed by the end of 2010.

The Work Group first addressed the definition of bioengineering research to be used to guide this effort. Definitions from major research support organizations and professional societies are included and discussed (#1).

The current conceptual structure of the undergraduate bioengineering program is presented and explained. (#2) Then, using published materials, the state of the science is examined in each of the three focal areas of the bioengineering program: lifespan engineering, bioenergy, and medical devices and instrumentation. (#3) The purpose is to assess the state of the science: Where are the gaps? What are the important looming questions?

Next, a catalogue of funded or submitted projects that are bioengineering in emphasis (according to our definition) or are related or supportive of bioengineering research will be assembled. (#4) This catalogue serves as the backdrop of expertise from which new bioengineering research efforts may draw and is based on data from ORA.

Finally, based upon an examination of the state of the science information (#3) and the university capabilities and interests as catalogued in #4, recommendations will be made on the research areas to be pursued. Therefore, #5 is a statement of the intersection of what needs to be done and what we, at WSU, can do.

Falling Less in Kansas (Falling LinKS)

From the Academic Research Enhancement Award, R15, application submitted September 2009 (and not funded):

“Falling Less in Kansas (Falling LinKS) addresses an important gap in our scientific and public health knowledge, specifically, translation of evidence-based research into effective and sustainable programs that are realistic for the very places where they are most needed: rural and frontier counties with rapidly aging populations, diminishing infrastructure, and limited healthcare resources. Falling is a major cause of death and injury in older adults, and it is also often preventable. The Centers for Disease Control and Prevention (CDC) identified falls as the leading cause of injury-related death in older people. Also, for older adults, the most frequent cause of admission to a hospital for injury or trauma is a fall.

Falls lead to loss of independence, a reduction in physical function and activity, increased rates of nursing home placement, and present major economic consequences for individuals, families and the state. The published literature describing translational and sustainable fall prevention research in rural and frontier areas is limited. Many fall prevention projects and research projects have been transiently funded, isolated to one area or practice setting and are often housed in medical facilities operated by clinical professionals limiting their applicability in healthcare resource scarce areas. The result is that systematic, sustainable, multicomponent fall prevention programs and research are almost non-existent in rural and frontier areas.

Falling LinKS is a community grounded, evidence-based, fall awareness and prevention research project that tailors a toolkit of fall prevention tools and materials to the resources, infrastructure and dissemination preferences of rural and frontier areas in Kansas. This project extends Falling LinKS from its preliminary work in a rural Kansas county (Harvey) to two frontier counties (Elk and Chase) and one additional rural county (Wabaunsee). Elk, Chase and Wabaunsee are federally designated Primary Care Health Professional Shortage Areas.”

Falling LinKS was initially funded by the United Methodist Ministry Health Fund and the WSU Graduate School. The research team members include: Drs. Radebaugh (PI), Bahner, Ballard-Reisch, Hale, M. Rogers, N. Rogers, Mr. Hanley (Harvey County Department on Aging), Ms. Kendrick, and Mr. Epp (both from Envision). The project was supported by graduate research assistants: ,

Ashley Archiopoli, Melissa Granville, Bobby Rozzell, Chigozirim Utah, and Katie Sue Williams.

The project is now entering the final stages of toolkit construction. A draft toolkit was developed and submitted for comment to focus groups in Harvey County. Revisions are now underway based on those focus groups.

The project was initially slated to end on May 15, 2010, but has been extended to October 1, 2010. During the no-cost extension, additional design work will be done, and the toolkit will be finalized and printed. During the summer and fall of 2010, a paper describing and reporting the study will be prepared and additional funding opportunities will be explored.